I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA CAMPOS

1500 NW 89 COURT

SUITE 202

City-State-Zip: DORAL FL 33172

Address

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/05/2018

Date

2018 FLORIDA NOT	FOR PROFIT CORPO	RATION ANNUAL REPORT

DOCUMENT# N0000005999

Entity Name: BIARRITZ HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4700 NW 114 AVE DORAL, FL 33178

Current Mailing Address:

C/O ATLAS PROPERTY MANAGEMENT 1500 NW 89 COURT SUITE 202 DORAL, FL 33172 US

SIGNATURE: ANDREW FELDMAN

FEI Number: 65-1040053

Name and Address of Current Registered Agent:

FELDMAN, ANDREW 7700 N. KENDALL DRIVE SUITE 809 MIAMI, FL 33156 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	SECRETARY	Title	PRESIDENT	
Name	MANGEL, CHRISTIAN	Name	CAMPOS, DEBRA	
Address	1500 NW 89 COURT SUITE 202	Address	1500 NW 89 COURT SUITE 202	
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172	
Title	VP	Title	TREASURER	
Name	PACHECO, JUAN	Name	RAMOS, CARMEN	
Address	1500 NW 89 COURT SUITE 202	Address	1500 NW 89 COURT SUITE 202	
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172	
Title	DIRECTOR			
Name	SILVA, SERGIO DAMIAN			

Certificate of Status Desired: No

FILED Mar 05, 2018 Secretary of State CC1601960374

03/05/2018